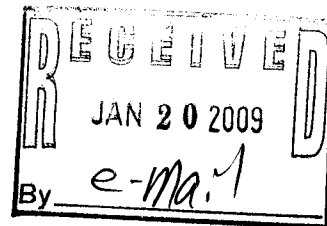


File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE



COMMITTEE NAME (Must be same as on Statement of Organization)

RICK MCCLURE STATE REP COMMITTEE

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

RICK MCCLURE

Political Party (if applicable)

Office Sought

STATE REPRESENTATIVE

District (if Senate or House)

93rd

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1825

Logged In

WRS

Scanned

WRS

Computer

4-9-09

Audited

9 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Linda D. McClure
SIGNATURE OF PERSON FILING REPORT

641-684-69168
TELEPHONE

1-20-09
DATE SIGNED

I AM FILING A JANUARY 20, 2009 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$18 632.82

673²⁴

ADD TOTAL MONEY TAKEN IN THIS PERIOD

\$18 340.00

300⁰⁰

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

40⁰⁰

Schedule F: Loans Received total (Attach Schedule F)

\$18 - 0 -

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

1013²⁴

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

\$18 972.82

1013²⁴

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

0

Schedule F: Loan Repayments total (Attach Schedule F)

0 -

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$

\$18 forgiven

594⁷⁵

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$

\$18 2182.70

1540⁰⁰

2112.70

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

RICK MCCLURE STATE REP COMMITTEE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-24-08	ID# CK#	RICHARD D. MCCLURE 405 S. WARD OTTUMWA, IA 52501	SELF	\$ 300 ⁰⁰	<input type="checkbox"/>
11-03-08	ID# CK#	11	11	40.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)
\$ 340.00

\$ 300⁰⁰
\$ 300⁰⁰

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Rick McClure State Rep Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-20-08	ID# CK# 1210	TOTAL CHOICE SHIPPING 619 CHURCH ST. OTTUMWA, IA 52501	COPIES AND CERTIFIED MAIL- REQUIRED STATE FORMS	\$ 5 ⁷⁴
10-20-08	ID# CK# 1211	CITY OF OTTUMWA CITY HALL OTTUMWA, IA 52501	SHELTER HOUSE. RENTAL FOR RALLY	25 ⁰⁰
10-20-08	ID# CK# 1212	OTTUMWA COURIER 213 E. 2nd. OTTUMWA, IA 52501	POLITICAL AD	80 ⁰⁰
10-22-08	ID# CK# 1213	HS BC PO BOX 17313 BALTIMORE MD. 21297-1313	PAYMENT FOR POLITICAL SIGNS CHARGED	412 ⁰⁰
10-23-08	ID# CK# 1214	TOTAL CHOICE SHIPPING 619 CHURCH ST. OTTUMWA IA 52501	FAX FEE - SENT TO IOWA STATE ETHICS BOARD	6 ⁵³
10-22-08	ID# CK#	SOUTH OTTUMWA SAVINGS BANK 320 CHURCH ST. OTTUMWA, IA 52501	MONTHLY SERVICE CHARGE CAMPAIGN ACCOUNT	6 ⁵⁵
10-24-08	ID# CK# 1215	FMC BROADCASTING 601 W. 2nd OTTUMWA, IA 52501	RADIO ADS	48 ¹⁶
10-24-08	ID# CK# 1216	VOSS RENTAL 118 S. McLEAN OTTUMWA, IA 52501	RENT ROASTER FOR RALLY	12 ⁸⁴

1217 Void?

SUB-TOTAL \$ 596⁸²

TOTAL (if last page of this schedule) \$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 3

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

RICK McCLURE STATE REP COMMITTEE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-24-08	ID# CK# 1218	COM MAX PLUS 919 S. MADISON OTTUMWA IA 52501	COPY POLITICAL FLYERS	\$ 5 ³⁵
10-25-08	ID# CK# 1219	HuVee 1025 N. QUINCY OTTUMWA, IA 52501	FOOD FOR RALLY	36 ¹⁹
10-25-08	ID# CK# 1220	VOSS RENTAL 118 S. McLEAN OTTUMWA, IA 52501	TABLECLOTH FOR RALLY	7 ⁰⁷
10-27-08	ID# CK# 1221	RICHARD D. McCLURE 405 S. WARD OTTUMWA, IA 52501	RE-IMBURSE FOR GROCERIES FROM ALDI FOR RALLY (HAD TO USE PERSONAL ACCT)	42 ⁹⁰
11-03-08	ID# CK# 1222	HSBC PO BOX 5241 CAROL STREAM, IL 60197	PARTIAL PAYMENT FOR POLITICAL PAMPHLETS CHARGED	173 ⁰⁰
11-03-08	ID# CK# 1223	PCS INC. 434 W. 2ND OTTUMWA, IA 52501	MONTHLY DSL INTERNET CAMPAIGN DOMAIN SITE	19 ⁹⁵
12-24-08	ID# CK# 1225	FMC BROADCASTING 601 W. 2ND OTTUMWA, IA 52501	RADIO ADS - DUPLICATE FOR 1224 WRITTEN 11-03-08 THAT THEY LOST	36 ⁰⁰
11-22-08	ID# CK#	SOUTH OTTUMWA SAVING BANK 320 CHURCH ST. OTTUMWA IA 52501	MONTHLY SERVICE CHARGE CAMPAIGN ACCOUNT	6 ⁵⁵
1224 VOID?				SUB-TOTAL \$ 327 ⁰¹
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A 402(3)(i).)

Page 2 of 3

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Rick McClure State Rep Committee

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12-22-08	ID# CK#	SOUTH OTTUMWA SAVING BANK 320 CHURCH ST. OTTUMWA, IA 52501	MONTHLY SERVICE CHARGE - CAMPAIGN ACCOUNT	\$ 6 ⁵⁵
10-20-08	ID# CK#	RICHARD D. McCLURE 405 S. WARD OTTUMWA, IA 52501	MILEAGE 20 miles DRIVE-DOOR-TO-DOOR CAMPAIGN- DELIVER SIGN	11 ⁶⁰
10-24-08	ID# CK#	RICHARD D. McCLURE 405 S. WARD OTTUMWA, IA 52501	MILEAGE - 20 miles DRIVE-DOOR-TO-DOOR CAMPAIGN DELIVER SIGN	11 ⁶⁰
10-25-08	ID# CK#	RICHARD D. McCLURE 405 S. WARD OTTUMWA, IA 52501	MILEAGE - 20 miles ATTEND 2 RALLIES	11 ⁶⁰
10-31-08	ID# CK#	RICHARD D. McCLURE 405 S. WARD OTTUMWA, IA 52501	MILEAGE - 20 miles DOOR-TO-DOOR CAMPAIGN- DELIVER SIGN	11 ⁶⁰
11-3-08	ID# CK#	RICHARD D. McCLURE 405 S. WARD OTTUMWA, IA 52501	MILEAGE - 20 miles DOOR-TO-DOOR CAMPAIGN	11 ⁶⁰
11-04-08	ID# CK#	RICHARD D. McCLURE 405 S. WARD OTTUMWA, IA 52501	MILEAGE 16.4 4.9 miles CAMPAIGN NEIGHBORHOOD	2 ⁸¹ 9.21
01-06-09	ID# CK# 1226	CASH adjusting entry	CLOSE-OUT ACCOUNT	22 ⁰⁵ 20.39
s/b 48.99 SUB-TOTAL				\$ 89 ⁴¹
TOTAL (if last page of this schedule) s/b 972.82				\$ 1013 ²⁴

s/b in-kind

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 3 of 3

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Rich McClure State Rep Committee

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
09-26-08	RICHARD D. McCLURE (personal credit card) PREMIUM GRAPHIX 5512 MEADOWDALE HOUSTON TX 77092	YARD SIGNS	\$ 223 ⁰⁰
09-29-08	RICHARD D. McCLURE (personal credit card) PRINTING FOR LECS 100 PFL WAY LIVINGSTON MT 59047	CAMPAIGN PAMPHLET	\$ 371 ⁷⁵
SUB-TOTAL			\$ 594 ⁷⁵
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 594 ⁷⁵

less
22.05
closing
acc^t

S/B 572.70
forgiven to close

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Rick McClure State Rep Committee

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11-03-08	RICHARD D. McCLURE 405 S. WARD OTTUMWA, IA 52501	SELF	FORGIVE LOAN	\$ 40 ⁰⁰	<input type="checkbox"/>
09-19-08	RICHARD D. McCLURE 405 S. WARD OTTUMWA, IA 52501	SELF	UNPAID LEAVE OF ABSENCE FROM WORK	150 ⁰⁰	<input type="checkbox"/>
04-26-08	RICHARD D. McCLURE 405 S. WARD OTTUMWA, IA 52501	SELF	UNPAID LEAVE OF ABSENCE FROM WORK	150 ⁰⁰	<input type="checkbox"/>
10-03-08	RICHARD D. McCLURE 405 S. WARD OTTUMWA, IA 52501	SELF	UNPAID LEAVE OF ABSENCE FROM WORK	150 ⁰⁰	<input type="checkbox"/>
10-10-08	RICHARD D. McCLURE 405 S. WARD OTTUMWA, IA 52501	SELF	UNPAID LEAVE OF ABSENCE FROM WORK	150 ⁰⁰	<input type="checkbox"/>
10-17-08	RICHARD D. McCLURE 405 S. WARD OTTUMWA, IA 52501	SELF	UNPAID LEAVE OF ABSENCE FROM WORK	150 ⁰⁰	<input type="checkbox"/>
10-24-08	RICHARD D. McCLURE 405 S. WARD OTTUMWA, IA 52501	SELF	UNPAID LEAVE OF ABSENCE FROM WORK	150 ⁰⁰	<input type="checkbox"/>
10-28-08	RICHARD D. McCLURE 405 S. WARD OTTUMWA, IA 52501	SELF	UNPAID LEAVE OF ABSENCE FROM WORK	150 ⁰⁰	<input type="checkbox"/>
10-31-08	RICHARD D. McCLURE 405 S. WARD OTTUMWA, IA 52501	SELF	UNPAID LEAVE OF ABSENCE FROM WORK	150 ⁰⁰	<input type="checkbox"/>
11-3-08	RICHARD D. McCLURE 405 S. WARD OTTUMWA, IA 52501	SELF	UNPAID LEAVE OF ABSENCE FROM WORK	150 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 1390⁰⁰

TOTAL (if last
page of this
schedule)

\$

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
RICK McCLURE STATE REP COMMITTEE

Reset Form

SCHEDULE
E
 (Rev. 06/97) IN-KIND CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11-04-08	RICHARD D. McCLURE 405 S. WARD OTTUMWA IA 52501	SELF	UNPAID LEAVE OF ABSENCE FROM WORK	\$ 150 ⁰⁰	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 150⁰⁰

+
 572.70
 debt forgiven =
 212.70

TOTAL (if last page of this schedule) \$ 1540⁰⁰

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2
 (for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

RESET

COMMITTEE NAME (Must be same as on Statement of Organization)

RICK McCLURE STATE REP COMMITTEE

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAY

☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
11-03-08	RICHARD D. McCLURE 405 S. WARD OTTUMWA, IA 52501	SELF	\$ 40 ⁰⁰
	*THIS IS A RE-PAYMENT OF ✓1201, 1206, 1207 TOTALING 40 ⁰⁰ FROM PERSONAL FUNDS		

s/B on
sch A

TOTAL (PART I)

\$ 40⁰⁰

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAY
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ 40⁰⁰

From Schedule E - TOTAL LOANS FORGIVEN

\$ 40⁰⁰

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 0

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

Page 1 of 1
(for Schedule F)